

HCS SS SB 884 -- DENTAL SERVICES INSURANCE

This bill changes the laws regarding insurance for dental services. Any person or entity that is engaged in the act of contracting with providers for the delivery of dental services or the selling or assigning of dental network plans to other health care entities must not sell, assign, or otherwise grant access to the dental services of a participating provider under a health care contract unless expressly authorized by the contract. The contract must specifically provide that one purpose of the contract is the selling, assigning, or giving the contracting entity rights to the services of the participating provider, including network plans. Upon entering a contract with a participating provider and upon request by a participating provider, a contracting entity must properly identify any third party that has been granted access to the dental services of the participating provider. A contracting entity that sells, assigns, or otherwise grants access to the dental services of a participating provider must maintain an Internet website or a toll-free telephone number where the participating provider may obtain information that identifies the insurance carrier to be used to be reimbursed and must ensure that an explanation of benefits or remittance advice furnished to the provider identifies the contractual source of any applicable discount.

All third parties that have contracted with a contracting entity to purchase, be assigned, or otherwise be granted access to the participating provider's discounted rate must comply with the participating provider's contract, including all requirements to encourage access to the participating provider, and pay the participating provider pursuant to the rates of payment and methodology set forth in that contract unless otherwise agreed to by a participating provider. A contracting entity is deemed in compliance with these provisions when the insured's identification card provides information which identifies the insurance carrier to be used to reimburse the participating provider for the covered dental services.